

“Les Psychoses Passionnelles” Reconsidered: A Review of de Clérambault’s Cases and Syndrome with Respect to Mood Disorders

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While de Clérambault’s name has been linked to erotic delusions, he attempted to describe “pure” erotomania as a paradigm of a broader group of delusions. His own cases and a large number in the English and French literature seem to indicate that severe mood disorder, most likely bipolar affective disorder, is responsible for a portion of the erotomaniac delusions. The concept of “les psychoses passionnelles” in the context of French psychiatry is reviewed.

Key Words: de Clérambault, mood disorder; erotomania; de Clérambault’s syndrome; delusional disorder

Gaetan H.-A.-E.-L.-M. Gatian de Clérambault (1872-1934) (Debus 1968) is best known in the Anglo-American literature for the syndrome of “pure” erotomania which bears his name. However, he also formulated ideas on a much larger category of delusional disorders, “les psychoses passionnelles” (passionate psychoses) similar in theme to Kraepelin’s concept of paranoia. Unfortunately, a planned volume on erotomania never appeared, and his authority rests on only nine published cases, along with several commentaries.

In the fashion of his time, the unfolding of events and depictions of themes are meticulously described, while information on the diagnostic features considered to be important in contemporary psychiatry is scattered or sparse. Although several cases have been reported in translation in greatly abbreviated form with a psychodynamic interpretation (Enoch & Trethowan 1979), their phenomenologic features and theoretical context have not been explained. Controversy still centers on the place of erotomania in psychiatric nosology (Munro 1989) due in part to the poor descriptions in the literature.

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The cases of de Clérambault are paraphrased here, reviewed with respect to mood disorder, and divided according to his division of “pure” and “associated” erotomania.

“Pure” Erotomania

Case 1 (de Clérambault and Brousseau 1920)

Léa Anne B., a 53-year-old milliner, was premonitory overbearing and suspicious. From age 22 to 40, she was supported by a well-placed lover, and immediately after his death she took up with a younger man. During this time, while living in the countryside, Léa Anne complained of her isolation and at 43 years began to complain of organized persecution by the peasants, whom she believed accused her of sexually corrupting a young man.

Five years later, in the early part of World War I, believing herself denounced as a spy, she claimed to have destroyed foreign government documents during a fit of “spite” that had lasted six weeks. In 1917, she believed an American general was in love with her. On each of her many extravagant trips, she thought that she was the object of silent advances, by officers of many ranks, and regretted not having taken advantage of the situation.

She claimed the King of Belgium wrote letters to her, and thought that English and Russian nobility were among her past lovers.

She came to believe that King George V was in love with her, that he watched over her with secret emissaries under various disguises, and that all of London knew of their affair and wanted it to succeed. She often expressed grandiose plans concerning him. She spent large sums of money to travel to England, prowling around royal residences, often in a state of ardent anticipation. Léa Anne occasionally doubted these ideas or thought that the King put up obstacles or caused her difficulties.

Several months of increasing preoccupation, flamboyant behavior, agitation and assaults on strangers brought her to the attention of the authorities and led to her incarceration.

Case 2 (de Clérambault 1921a)

Léontine D., a 28-year-old worker, believed that a captain wanted to marry her. She sent accusatory and affectionate letters, and made implicit declarations of her love. As well, she threatened his wife, refusing to believe he was married; the patient thought he would accept a trial marriage which could be later legalized. She attributed many incidents to the influence of the officer.

All through her illness she had an "exaggeration of personality," an unusual degree of "sprightliness" and expansiveness, appearing somewhat "hypomaniac."

Case 3 (de Clérambault 1921b; de Clérambault and Lamache 1923)

Louis G., a 34-year-old fitter, denied the legality of the divorce from his wife. He had first met her ten years previously, becoming engaged without the knowledge of their parents and married two years later; retrospectively, he believed that she had pursued him. In 1916, he started to drink heavily, his sombre, obstinate character becoming "over-sensitive." After demobilization, two years prior to presentation, he was suspicious, irritable, and continually complaining about the military. Louis was unable to keep a job, had binge-type drinking, and became unusually sad in the face of minor incidents. After frequent violent arguments, he would remain silent for a week at a time, during which he refused to work or eat, slept through the day and arose at night.

There were many angry scenes, threats and attacks, with his wife fearing for her safety because he carried a razor. After she had an operation for "endometritis," he presumed she was unfaithful and kept a lover.

After the divorce was finalized in 1920, Louis caused innumerable incidents, believing that his in-laws were trying to defame him publicly as a Communist and that his ex-wife was responsible for the deaths of his father and sister-in-law. He announced to employers that he

and his (ex-) wife were happy and that within two weeks of her remarriage, she would become his mistress as she still loved him.

His attitude was haughty, reserved, and arrogant. While he slept and ate well, his "hyperesthesia" was "similar to hypomania." His speech was filled with stereotyped pompous formulas, circumlocution, and detailed, illogically constructed pressured speech. When seen two years later, he had developed persecutory ideas with respect to the physician, as an extension of his original delusions.

Case 4 (de Clérambault 1921c)

Rénée-Pétronille S., 33 years, believed over a 7-year-period that a government clerk loved her, kept watch over her, and had her persecuted by prostitutes and his subordinates.

The patient's mother had been severely depressed, committing a murder-suicide. The first manifestation of psychiatric illness appeared at age 13, as a severe depression with suicide attempts, and "perversions", for which she was held in hospital for three years. At 16 years, she had an episode of violence towards a physician whom she believed erotically persecuted her.

In 1915, her request for a safe-conduct pass was refused by the clerk. After repeated demands, often couched in seductive phrases, were turned down, she elaborated accusations of prejudice and partiality on his part. There followed many scenes of threats and attacks, as well as insulting letters. Over approximately two years, she had six admissions that recorded alcohol abuse, aggression, impulsivity, persecutory ideation, prolonged fugues, "perversion," prostitution, extravagant "hysterical," hyperemotional states, jealousy, erotic preoccupations, and occasional calm periods. She did not have hallucinations. While Rénée did not deny the marriage of the clerk, she thought that he and her lover could live together in a "ménage à trois." Her lover seemed to be unaware of the pathological nature of her beliefs and may have shared some of the persecutory delusions.

Case 5 (de Clérambault and Lamache 1923)

Over a 37-year-period Henrietta H., a 55-year-old fashion designer, had the recurrent belief that a priest loved and persecuted her. She was thought to have a precocious and strong sexual drive. The erotic delusion began suddenly during a Mass, and thereafter she completely beleaguered the priest. The family tried to deal with this behavior by marrying her off, but less than a year later she began a series of affairs. Tranquil periods were followed by reawakenings of her love, when she would return impulsively to Paris to again pursue the priest. After a divorce, she established herself there and continued her ambushes, scenes, letters and calls.

Over the years, she showed many remissions and relapses. Her descriptions of her encounters were accom-

panied by strong sexual imagery, including consideration of a "ménage à trois" with a priest and another woman. She may have suffered a depressive episode at the time of her presentation.

Secondary (or "Associated") Erotomania

Case 6 (de Clérambault 1913a)

H. was an alcoholic whose father had been interned in an asylum. She attempted suicide at 17 years, had periods of extreme excitement and believed that a priest would support her financially. There seemed to be some romantic ideas but these were not prominent. Through some manipulations by her lover, a journalist, there were many demands for a large sum of money, as compensation from church authorities. She was seen as having a hysterical character which quieted under observation and given a diagnosis of "délire de revendication" (litigious delusion).

Case 7 (de Clérambault 1913b)

D.B., 42-years-old, was born after a stressful pregnancy; "nervous diseases" were present in several relatives. At six and at eight years of age, he had severe head trauma leaving scars on his forehead; his personality and intelligence changed considerably with loss of spontaneity, slowness, and decline in school performance, leading to failure to pass his "baccalauréate." He had enuresis until eight years and sleepwalking. No date is given for the onset of deafness, but it may have occurred with his head injuries.

After three years of military service, he unsuccessfully tried to return to civilian life. D.B. married disastrously at 32, only to divorce five years later. He worked as a manager for several years leading a solitary, routine life. His personality was gentle and concerned with correctness and morality, but devoid of initiative; his speech was low and garbled.

At age 35, D.B. was regarded as "neurasthenic," with an episode lasting of five to six months of sadness, loneliness, agitated thinking, pacing, middle insomnia, difficulty arising from bed in the morning, inability to concentrate, irritability, and fatigue; he responded slowly, losing track of questions. He began to consume alcohol heavily and during one binge considered suicide. About one year later, he had "optimistic, ambitious, and erotic" ideas that others wanted to procure a wife for him or made constant allusions to imminent marriage. Two or three women seemed to want to marry him; older women appeared to offer him their daughters. He formed a particularly strong attachment to two sisters attempting to ask for the hand of either one. Soon after a rebuff, these beliefs vanished and he interpreted environmental sounds, gestures, and signs as having insulting intent; this persisted over four years with some insight into their

unreality. Neurasthenia and alcoholism were seen as contributing to a depression in an "interpretative" delusion.

Case 8 (de Clérambault 1921c)

Clémentine D., a 50-year-old fashion designer, had erotic, grandiose and persecutory delusions. She believed that a vicar wanted to marry her, was paying a large sum of money for an apartment, and thought he smiled, signaled, and communicated secretly with her. In the stage of "spite," she was jealous when he spoke to other women, as she thought they were trying to influence him against her. Clémentine was angry because he did not support her properly, and completely disrupted his life.

She held grandiose, extravagant ideas about the origin, position and possessions of her family, believed plots were engineered against her by another priest and neighbors, and that hostile references appeared in the newspaper. Auditory hallucinations, possibly commenting on her actions, and her beliefs, were present.

Clémentine had a haughty, superior, coquettish attitude. She was often in an "exalted" state and decorated her hospital uniform with ribbons and knots. She refused food believing it to be poisoned. The patient mis-recognized a physician consistently as another person.

Case 9 (de Clérambault 1921c)

An elderly woman euphorically maintained a fixed erotic delusion concerning a former lover, with whom she had a child. From 30 to beyond 60, she also thought she was under his protection. In later years, persecutory ideation, connected to the initial delusion arose. While there was no evidence of multiple delusional themes ("polymorphisms"), she was felt to exhibit the "cult or worship of memory" ("le culte d'un souvenir réel").

In addition to these nine cases, de Clérambault commented on the following three cases which were presented to the clinical societies as having erotomania.

Case 10 (Mignard 1923)

A 19-year-old male presented with visual and auditory hallucinations and the belief that he was being followed by disguised agents of his enemies. He began to drink excessively and showed an unusual interest in the cinema and romantic novels. Over a three-year-period he was infatuated with a girl and accosted people whom he believed to be her parents, demanding that they treat him respectfully.

de Clérambault contested the label of "délire passionnel" applied by Mignard since neither the love nor anger of the patient reached the expected intensity.

Case 11 (Truelle and Réboul-Lachaux 1923)

Mme. Pâ., a 52-year-old widow, blamed her former employer for the death of her husband and her poverty,

about 16 years before presentation. She renewed these and other persecutory delusions 10 years later, to which grandiose ideas were added 4 years afterwards. While employed as a nurse, she had a long platonic relationship with a severely incapacitated patient. She wrote her memoirs and tried to involve prominent authors in her project. In the same newspaper articles that "warned" her of danger, Mme. Pâ. sensed the intervention of an unknown journalist who protected and guided her, whom she later identified as famous writer; she visited and wrote to him many times.

The patient was garrulous and digressive, describing the delusions easily in an excited, passionate manner. Her father was alcoholic, her brother had "dissolute morals" and a second cousin was committed to an asylum. The authors felt she had a persecutory delusion with an erotic transformation.

Case 12 (Cénac 1924)

Miss P., 46-years-old, believed that a priest exercised an unusual influence and had a "mystical marriage" with her; retrospectively she felt he had written a book which left a deep impression on her. The patient experienced auditory hallucinations emanating from neighbors. She thought she was the object of whispering insults during her childhood.

Her father was hospitalized for persecutory delusions. Miss P. expressed herself with a degree of excitation and euphoria. She was given the diagnosis of "dégénérée paranoïaque."

Two patients, seen by de Clérambault and diagnosed as pure ("querulance sur fonds d'érotomanie") and secondary erotomania, respectively, were represented by another author with contrary views.

Case 13 (Capgras 1923; de Clérambault and Lamache 1923)

Louissette, 30 years of age, maintained for four years that her aged, married employer was young, single and in love with her. She maintained an exalted, euphoric air in spite of disappointments and tests of her love. The usual evolution of the delusion was inverted with a preceding brief period of persecution.

Case 14 (Capgras 1923; de Clérambault and Lamache 1923)

A 52-year-old deaf woman believed that a doctor, with whom she had been in contract for many years, was in love with her and directed her persecutors; she had loved two other physicians in the past. The patient harbored ideas of grand descent and was seen as a "systematized interpretative delusion."

DISCUSSION

The small fraction (de Clérambault 1923a; Didé 1923) of de Clérambault's cases available to the modern reader makes it difficult to evaluate them as he used the reports to demonstrate particular atypical features. This variability was thought to represent the "superficial" nature or dependence on the basic character of the subject (de Clérambault 1923a) found with "les psychoses passionnelles". The theoretical basis for de Clérambault's structure of the "psychoses passionnelles" has been reviewed (Signer 1991).

The affective triad of hope, love, and pride ("orgueil," grandiosity) was considered to be always present in erotomania, with the last, the most important, and in fact, the "generator" of the syndrome (de Clérambault 1921b). A permanent cognitive structure ("ideo-affective knot"), is formed when an emotion becomes associated with a theme or group of ideas, and then gives rise to a "fundamental postulate" (de Clérambault 1923b). This group of beliefs with an affective foundation ("le syndrome idéique à base passionnelle") becomes autonomous (de Clérambault and Lamache 1923). In erotomania, the fundamental postulate states that subjects believe that they are in an amorous union with a person of higher social rank, who is the first to fall in love and to make advances (de Clérambault and Brousseau 1920). There are a number of derivative themes: the object is unable to be happy or have a sense of self-esteem without the subject; the object is free or the marriage is invalid; the object makes attempts to contact, has indirect conversation, and exerts continual surveillance or protection by means of phenomenal resources; there is almost universal sympathy or support for the relationship; and the object shows a paradoxical or contradictory attitude toward the subject. This last theme was accorded singular importance and was felt to be always present, while the others were only rarely all found in any one patient (de Clérambault 1921a). While de Clérambault outlined the process and themes only for erotomania, he envisaged similar ones for "pure jealousy" and "pure querulance (litigiousness)" (de Clérambault 1921b). These themes evolve through the phases of optimism, hope, and pessimism, the last divided into spite ("dépit") or mixed hate ("haine mixte"), and vindictiveness ("rancune") or true hate ("haine véritable) and finally belligerence ("querulance") (de Clérambault and Brousseau 1920).

The symptoms could exist as prodromal to, associated with, or added onto other existing delusions. These "mixed" or "associated" types often had hallucinations and showed systematization involving many themes or "sectors," particularly persecution and grandiosity with the use of the "interpretative" or "imaginary" delusional mechanisms. There are many variations around the choice of the object, including multiple ones, either successive or simultaneous,

a totally imaginary person or one that belonged to the subject's past. While most often considered to afflict women, with men as the object of the delusion, the reverse may occur (case 3); male and female homosexual variants can also be found (Dunlop 1988; Signer 1989). de Clérambault felt that the greater the "imaginative" aspect of the erotomania, the weaker was the affective component; the purity of the cases depend on the intensity of affect, restriction to a single delusional theme, stereotyped evolution and tendency to act on the beliefs (de Clérambault 1921c).

Certain features of affective disorder seem to overlap with the group of syndromes he established. de Clérambault himself felt that the preparatory emotional state was similar to those found with hypomania and pathologically intoxicated states.

Among his "pure" erotomania cases, affective disorder, particularly hypomania, is suggested in five (cases 1, 2, 4, 5, and 13), and at least one (case 5) had severe depression. Two cases (1 and 4) had multiple erotic episodes ("reduced" forms), considered characteristic of the "associated" (secondary) types, and two were hypersexual (cases 4 and 5). A family history of psychiatric illness (alcoholism (case 1), depression (case 4)), was found in two patients. Persecutory delusions, which were not completely confined to the object, were found in four cases (1, 3, 4, and 5). Case 4 may have been the dominant partner in a folie à deux.

In comparison, among the "associated" erotomania cases hypomania was suggested in six (cases 6, 7, 8, 11, 12, and 14), while one had depression (case 7) and one attempted suicide (case 6). Two (cases 7 and 14) had multiple erotic objects. Alcoholism was present in two patients (cases 6 and 7). Psychiatric illness was found in the fathers of cases 6, 11, and 12. Persecutory delusions, not completely confined to the object, were found in four patients (cases, 8, 11, and 12). Case 9 had a typical fixed erotic delusion for over thirty years without expansion beyond the original object, but was classed among "associated" erotomania because it was a former lover, although the same could be said of case 3. One patient (case 8) had the Frégoli syndrome. Case 7 is important because of the development of erotomania in a patient with frontal lobe syndrome.

Both groups had strong indicators of severe mood disorder with a predominance of elated, grandiose, hypomanic states. The age of onset tended to be older than that usually seen for schizophrenia. Although family history was poorly recorded, mood disorder was common. Persecutory delusions, which involve others aside from the original object, were also present in both groups. The clinical distinctions de Clérambault set up based on the adherence to a set of themes, single object, lack of other delusions and stereotyped course, break down in trying to separate "pure" and "associated" erotomania. In addition, the affective disturbance in erotomania (and some of the other "psychoses passionnelles") resembles bipolar affective disorder, and it seems reasonable to accord this diagnosis to cases 1-8.

The belief that love could be a form, or the cause, of madness has a long history and many entities have

fallen under the rubric of erotomania (Enoch and Trethowan 1979). There is no mention of the paradigm of de Clérambault's erotomania in a review of morbid love published at the turn of the century (Féré 1899). While his full conceptualization was not presented until the series appearing in the 1920s, he was prompted to write after the presentation of a "délire érotique interprétatif" (Sarazin 1920) which resembled his cases. A spate of papers appeared in 1921 with a revival of interest after his death. Most of the reports described only the adherence to the multiple derivative themes and are extremely poor in terms of phenomenology. Of particular note are those by Ferdière, Fretet (de Clérambault's editor) and Borel, all of whom wrote books on erotomania or "psychoses passionnelles." Ferdière (Heuyer and Gaultier 1938) saw erotomania as a syndrome observed in a wide variety of mental disorders and denied ever seeing a "pure" case. Fretet (1939) amplified and attempted to confirm the features observed by his teacher, as well as trying to graft to it the psychoanalytic hypotheses of origins in early family relationships, viz. that the object of the delusion is a maternal substitute. Borel (Bastie et al 1965) identified the "psychoses passionnelles" with manic-depressive illness, believing its separate features, including the paranoid aspects, to be consistent with this diagnosis. Bastie and colleagues (1965) reviewed a number of psychological interpretations of the syndrome.

Erotic delusions are common in the literature. In a series of 66 paranoiacs, there were 10 erotic, 21 jealous and 17 sexual delusions out of 105 studied. A similar group had 6 erotic and 19 jealous delusions out of 71 cases (Refsum et al 1983). Rudden and colleagues (1983) found erotically related beliefs (sexual pursuit, jealousy, impending marriage, pregnancy, rape or venereal disease) in one-third of the women examined.

Hollender and Callahan (1975) divided erotic delusions into two subtypes: a primary or pure form with sudden onset fixing upon a single object and developing into a chronic encapsulated system (paranoia); and a secondary one with gradual onset superimposed on other symptoms (schizophrenia). Lovett Doust and Christie (1978) recorded eight cases, five of which were considered to conform to de Clérambault's "pure" erotomania and two which were believed to be paranoid, and one with schizophrenia. While a number of cases in the literature clearly have schizophrenia, Akhtar and Thompson's (1980) review of sexual delusions in this disorder did not describe the paradigm of erotomania. Retterstol (1967) followed up a small group of patients with "erotic self-reference in old maids," a concept introduced by Kretschmer discussing the (over-) sensitive personality; most were diagnosed as a reactive psychosis in isolated, self-referential personalities after a "provocation of insecurity." Old maids's insanity (Enoch and Trethowan 1979), with only erotic persecution, may represent another development or transformation of the paradigm.

Ellis and Mellsop (1985) discussed the content of 53 cases of de Clérambault syndrome in the literature and five of their own with regard to conformity to the presence of

the fundamental postulate and its derivatives. They believed most could be classified under schizophrenia or related disorders.

Seeman (1978) divided into two groups, one of which had fixed and constant delusions and another which had short-lived, but intense and recurrent, delusions. The former group who were characterized as having the "phantom lover" syndrome, were more ill with a greater number of psychiatric admissions, had a "shadowy" or "ordinary" love object who acknowledged only gradually, rarely attempted contact, had marked passive dependent features, and had little sexual experience; the delusions were seen as defenses against low self-esteem, sexuality and aggression. The latter group, erotomania proper, consisted of better integrated individuals, who "repeatedly found themselves unrequitedly in love with authority figures," usually lasting only several months, confronted the admired male with whom they had a fair degree of contact, were independent with high personal aspirations, had active heterosexual lives, and were aggressive and impulsive. It was believed they were defending against homosexual doubts that broke through during psychosis, or wishes to incorporate the man's power and success. Most of this group of patients was diagnosed as having bipolar affective disorder, borderline personality or hysterical psychosis.

The psychological theories, primarily psychodynamic, of the origin of delusions offer a contrast to de Clérambault's formulation. Arieti and Meth (1959) suggest that the feeling involved in erotomania is self-love, denied and projected onto another or as a displacement from unconscious homoerotic trends in a manner similar to pathological jealousy. Enoch and Trethowan (1979) believed that it depended on the struggles over unsatisfied affection and the wish for rebellion against social roles, as well as the contribution of narcissism. It has been seen as serving an adaptive function, providing an externalized source of nurturance, protection and control during periods of strain to mask depression and loneliness (Raskin and Sullivan 1974). The importance of narcissistic injury secondary to real and perceived defects in physical, intellectual and social qualities, and loss have also been emphasized.

While many authors noted the importance of grandiosity, there is little formal consideration of other affective symptoms in reports. Hypersexual behavior or promiscuity is not uncommon and erotic delusions, appearing prior to the index episode or as recurrences, as well as waxing and waning of the presenting delusion, are frequent (see Table 1).

Refsum and colleagues (1983) judged half of their group to be cyclothymic without linking this feature to the delusional type. Rudden and colleagues (1983) found significantly higher depression scores among the women despite an equivalent number of diagnoses of major affective disorder; again, more women had schizoaffective disorder or atypical psychosis as their diagnosis and sexual or family-related precipitants. In a more recent paper, a group of 28 erotomanic patients fell into the categories of delusional disorders, schizophrenia or schizoaffective disorder, manic

type. One-quarter had marked affective features leading to the diagnosis of schizoaffective disorder and 7% had bipolar disorder. The group had more manic symptoms and higher use of lithium than a comparison group. The subgroup of seven patients with delusional disorder, erotomanic type had fewer hospitalizations, and little accrual of symptoms over a long course (Rudden et al 1990). Kraepelin (1921) described cases of erotomania with features identical to de Clérambault's syndrome in both manic-depressive illness and paranoia. Of the categories comprising paranoia or partial Verrucktheit (persecution, jealousy, erotomania, several types of grandeur, and possibly hypochondriacal), three overlap with "les psychoses passionnelles."

In terms of symptoms (grandiosity, promiscuity, hypersexual behavior — Table 2) or syndromes (depression, bipolar affective disorder, hysterical psychosis, borderline personality disorder — Table 3) associated with the mood disorders, there are many examples in the literature.

Very few cases with an organic etiology have been noted. One exception is case 7 who had a probable frontal lobe syndrome and developed the delusions during a period of elation. Of the six cases reported by Schachter (1977), case 1 had head traumas with fracture of the right temporal bone and case 6 probable epilepsy; both were depressed. Among eight patients described by Lovett Doust and Christie (1978), the delusions were linked in case 2 to the prolonged ingestion of oral contraceptives, in case 3 to cortisone treatment, in cases 6 and 8 to alcoholism, in case 4 to left temporal epilepsy, and in case 7 to a deep epileptogenic focus due

Table 1
Multiple episodes of erotomania

AuthorYear	Case Number
Brill 1912	1
Enoch & Trethowan 1979	4
Hollender & Callahan 1975	2,4
Jonckheere 1971	9
Raskin & Sullivan 1974	1,2
Rudden et al 1980	1
Rudnick 1982	3

Table 2
Cases with symptoms related to mood disorders

	AuthorYear	Case Number
Grandiosity	Raskin & Sullivan 1974	3
	Jonckheere 1971	9,11
	Taylor et al 1983	1,2,3
Hypersexual Behavior/ Promiscuity	Enoch & Trethowan 1979	1,25
	Guirguis 1981	1
	Jonckheere 1971	5,9,11
	Fretet 1939	13,31
	Teah 1972	3

Table 3
Cases with syndromes related to mood disorders

	Author/Year	Case Number
Bipolar Affective Disorders	Enoch & Trethowan 1979	(Winslow)
	Sarazin 1920	1
	Bastie et al 1965	1
	Hollender & Callahan 1975	2
	Ellis & Mellsop 1985	5
	Evans et al 1982	1
	Guirguis 1981	1
	Jonckheere 1971	5
	v. Kraft-Ebbing 1905	13,31
	Brill 1912	1
	Taylor et al 1983	4
	Cocchi et al 1982	2,3
	Jordon & Howe 1980	1
	Remington & Book 1984	1
	Sims & White 1973	1
	Signer & Swinson 1987	1,2
	Lôo & Salmon 1939	1
	Heuyer & Neveu 1939	1
	Sizaret et al 1983	1
	Scherrer 1982	1
	Heuyer & Fouquet 1941	1
	Fretet 1937	1
	Ferdière & Fortineau 1937	1
	Signer & Isbister 1987	1
	Dunlop 1988	1
Depression	Enoch & Trethowan 1979	3
	Fretet 1939	(Codet)
	Hollender & Callahan 1975	4
	Lovett Doust & Christie 1978	1,2,3,4,6
	Retterstol 1967	1,4
	Ellis & Mellsop 1985	2
	Raskin & Sullivan 1974	1
	Jonckheere 1971	2
	Teah 1972	1
	Cocchi et al 1982	11,4,5
	Feder 1973	1
	Schacter 1977	1,2,4,6
	Nicaise et al 1961	1,2
	Munro et al 1985	1,2
	Dunlop 1988	2
	Murray et al 1990	1
Hysterical Psychoses	Seeman 1978	(Unassigned)
Borderline Personality Disorder	Seeman 1978	(Unassigned)
	Cocchi et al 1982	1

to sphenoid wing meningioma (laterality unspecified); cases 2, 3, 4, and 6 were depressed. Three cases of temporal lobe epilepsy, presenting with bipolar affective disorder, have been reported by Signer and Cummings (1987a, b). A 75-year-old woman with dementia had a brief post menopausal depression as well as fluctuating depressive symptoms during the course of a progressive dementia (Drevets and Rubin 1987). El-Gaddel (1989), reported a patient who had a seizure disorder after a cerebral hemorrhage due to a right temporo-parietal lobe arteriovenous malformation; the EEG showed a right sided focus.

Erotomania has been believed to be relatively resistant to psychotherapy or pharmacotherapy with chronicity the rule (Enoch and Trethowan 1979; Rudnick 1982). However, a review of the few reports that record treatments does not bear out this gloomy opinion. Cocchi et al (1982), noted an "anti-erotic" effect of chlordesmethyldiazepam, a GABA-ergic agent, on 5 patients, one of whom was depressed and 3 probably had bipolar affective disorder. Responses to lithium (Jordan and Howe 1980), ECT (Munro et al 1985), carbamazepine (Signer and Cummings 1987a) and antidepressants and neuroleptics (Guirguis 1981; Munro et al 1985; Murray et al 1990), as well as previous response to ECT (Hollender and Callahan 1975), provide further evidence for a role for severe mood disorder in producing this delusional symptom.

The notion of "psychoses passionnelles" has bearing on our understanding of chronic "paranoid" disorders. French psychiatry reacted to the fall of the doctrine of "dégénérescence mentale" by retreating to the stance of pure clinical description established by Pinel and Esquirol, instead of adoption of Kraepelin's theories. This trend towards developing an independent nosology without equivalents in the Continental systems (Pichot 1979), was probably reinforced by the successive national and military defeats by Germany (Signer 1991).

Several states, outside the "délires non systématisés" that comprise mostly nuclear schizophrenia, (Trapet et al 1984), were described in the early part of the century and were distinguished by the different pathological mechanisms which generated the delusional ideas (Pichot 1984). The "délires systématisés" consist of the "délire de revendication" and "psychoses passionnelles" (Baruk 1959), and are characterized by an "exalted, hyperthymic" state, the subordination of all psychic phenomena to a "prevalent idea" that leads to the "fundamental postulate," and its development is only a "sector" of the personality. The latter are divided into jealous and erotic delusions, following de Clérambault's descriptions (Bernard et al 1967). These diagnoses are commonly used in France, being granted to 155 patients (68 délires d'interprétation, 14 délires passionnelles, 62 psychoses hallucinatoires chroniques and 11 délires fantastiques) compared to 100 for schizophrenia in a recent series (Pichot 1979).

Paranoid symptoms are common in bipolar patients at many stages of the illness, including the phase of resolution

when few affective features are present. Some episodes have been marked by depression with remission of delusion (Fry 1978), and partial encapsulated disturbances of psychic functions may be present with mixed affective states (Kraepelin 1921; Munro 1988). Erotomania can be shown in many cases to depend on the mood state (Sizaret et al 1983), or to be maintained or arise during euthymia (Signer and Swinson 1987). There are many difficulties with the definition of a delusion based on its content or the abnormality of the belief. It may be more useful to examine, instead, the hypothesis that the processes which maintain delusions, particularly the influence of mood, are abnormal (Hemsley and Garetz 1986).

The underlying theoretical constructs and attempts to separate clinical entities on the basis of their content have not stood the test of time. A more precise recording of phenomenology may permit valuable clinical distinctions to be made. After separating changes in libido, particularly hypersexuality, several categories of erotic delusions can be described. These are:

- a) persecution (eg. erotic pursuit, influence and control);
- b) ideas concerning the conduct of oneself and/or others (eg. jealousy/infidelity);
- c) delusional relationship (eg. de Clérambault's syndrome, incubus (Raschka 1979), or "phantom lover" (Seeman 1971), syndromes); and,
- d) somatic delusions (eg. rape, pregnancy (pseudocyesis), Koro, venereal disease, metamorphosis).

The DSM-III-R has re-instated the paranoid (delusional) disorders defining them as non-bizarre delusions of at least one month's duration without oddities of behavior or prominent auditory or visual hallucinations. While features of the active phase of schizophrenia are excluded, brief periods of either phase of a mood disorder are permitted. There are five thematic types (erotomanic, grandiose, persecutory, somatic, jealous), and one unspecified type. The erotomanic type states that the predominant theme is that a person, usually of higher status, is in love with the object; however this is not necessarily the simplest reduction of the theme (APA 1990).

Most of de Clérambault's erotomanic patients, probably fall into the ever-enlarging spectrum of affective disorders. The persistence of delusional beliefs after the termination of affectively charged states, either of mania or depression, and overlapping the schizoaffective disorders should be carefully sought out as they have often proven refractory to conventional treatments and merit continued investigation.

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